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ORIGINAL DEPARTMENT.

Communications.

COMPOUND COMMINUTED FRACTURE OF THE SKULL, WITH FRACTURE OF THE BASE—COMPRESSION—TREPHINING—RECOVERY.

REPORTED BY W. F. PECK, M. D.,

of Davenport, Iowa,

To the Iowa State Medical Society.

David Joy Starbuck, aged 32 years; native Massachusetts; nervous bilious temperament; occupation, brakeman on C. R. I. and P. R. R.; always enjoyed good health; habits active and temperate; height 6 ft. 2½ in.; weight 196. On July 9th, 1868, a freight train on which he was employed as brakeman, met with an accident about eighty miles west of Davenport, which precipitated fourteen cars down an embankment. Mr. S. was on one of the cars which was loaded with ties, and when the car tipped he was thrown to one side and forward in advance of the coming car. As the ties broke through the car the end of one struck him in the right temple, producing a compound comminuted depressed fracture of the temporal and parietal bones, together with a compound fracture of the base of the skull. When found he was unconscious. He was immediately taken to the nearest place—Marengo—and attended by Drs. Hughson and Alverson. I was sent for, and arrived at the place twenty hours after the accident. His condition when first seen by myself was as follows: Comatose; pulse 94; respirations 20 and stertorous; skin dry and hot; left pupil largely dilated with no irregularity of sight; bowels unmoved; urine had passed off freely. The right temple was very much swollen, in-

cluding the tissue around the eye, which was ecchymosed and entirely occluded. At the outer angle of the orbit there was a small laceration of the tissue not more than one-eighth of an inch in diameter, and from which there had been incessant hemorrhage from the time the accident occurred. There was also considerable hemorrhage from the right ear. So far as could be ascertained no paralysis of the body had existed. After consultation I made a free incision from the lacerated wound directly backward along the lower border of the temporal bone to a point directly over its articulation with the parietal bone. I then made another incision directly upward, commencing at about the middle of the first incision, extending about three inches and then carefully dissecting down to the bone, tying the temporal artery. I found the bone comminuted and depressed. I trephined in the parietal bone at its articulating margin with the temporal at a point about the centre of the temporal bone, and having removed a circular disc by means of the elevator, I elevated the depressed bone; but finding it detached to a great extent it was deemed best to remove the entire amount included in the fracture. Having removed the larger pieces, the spiculae penetrating the brain substance, including several small pieces were also extracted, when four small lacerations through the membranes into the brain were found. In ascertaining the extent of the injured bone, I passed the finger downward in the direction of the petrous portion of the temporal bone, when an extensive fracture was found in the base of the skull into which the index finger passed without difficulty. This diagnosis was verified by Drs. Hughson and Alverson. It seemed scarcely possible that recovery

could occur under these circumstances. The position was inclined to the right side, and, externally, applications of cold water were made. Internally he received a cathartic, and to subdue a too active circulation he took tr. veratrum eight drops every four hours. Essence of beef was given with considerable difficulty. During the night he, at times, showed a disposition to a return of consciousness, which, however, was transient.

10th.—Pulse 90, and full; bowels moved during the night. Respirations 17, and not stertorous. The dilatation of the left pupil less marked; takes nourishment without as much resistance. The hemorrhage from the ear still continues, but not so much as before the operation. There is considerable bleeding from the wound, the tissues in the immediate vicinity of which are much swollen. Applications the same, with the tincture of veratrum internally.

11th.—Rested poorly during the night; pulse 96; respirations 20. Can be aroused when loudly and sharply spoken to, but not so as to appreciate anything. Tongue covered with a heavy, whitish coating; skin hot and dry; bowels still unmoved; the hemorrhage from the ear is less. Wound is commencing to suppurate; little bleeding from the surface, although there is occasionally some blood seen to escape from under the dura mater. No change in the left pupil; sight normal. Veratrum continued, with a cathartic of compound cathartic pills.

12th.—Rested tolerably well during the day and night. Is more easily aroused; surface less hot and dry; bowels moved several times; tongue moist and less coated. There is still a little oozing from the ear; pulse 86, and full; the dilatation of the left pupil has nearly disappeared; respirations 16. For nourishment he takes liberal quantities of beef tea, and chicken tea; veratrum continued. Wound is discharging profusely. Weather extremely hot; thermometer 108 degrees in the shade.

12th.—Very delirious during the night; got out of bed and walked around the room. When loudly spoken to, answers questions, but immediately passes into a murmuring condition; pulse 80, full and regular; respiration 15, and in other respects natural; left pupil natural; skin, not hot, but dry; bowels unmoved; very little oozing from the ear; no blood from the wound, but a large amount of matter. Cold applications and veratrum continued.

13th.—Still delirious, although he received some sleep during the night; pulse 84, and full; respirations 16; takes nourishment; gave cathartic as before.

14th.—Less delirious; pulse 86, and full; bowels moved freely in the night; surface moist; sleeps more, and less disposed to murmur; hemorrhage from the ear; wound looking well; no change in treatment.

15th.—Rested fairly during the night; skin dry, but no increase of heat; pulse 90, full and regular; respirations 14, and quite regular; delirious occasionally; suffers from "twitchings" of the left arm, but otherwise his condition is very good; the wound is suppurating finely, and the swelling and ecchymosis over the right eye is disappearing; very hot weather; cold applications continued.

16th.—Rested very poorly during the night; got up and walked about, notwithstanding the remonstrances of the attendants; pulse 96 and full; surface dry and hot; tongue coated with yellowish-whitish coating; the twitchings have disappeared; bowels moved twice during the night; respirations normal; delirious occasionally; wants to go home, and cannot be convinced that he had better remain where he is. Wound looking well, and suppurating finely. Continued the cold applications, and the veratrum as before; takes animal fluids freely.

17th.—General condition better; when asleep, his mind wanders, and dwells on the business transacted at the station at which the train stopped before the accident occurred. Talks quite rational when awake, but does not seem to appreciate his situation. Remembers nothing touching the accident; pulse 80 and full; respirations natural; bowels moved once during the night; the swelling around the eye much reduced; pupils alike in size, and both normal; surface moist; the wound is discharging copiously; the incised tissue is, however, everted and tumified; suspended the veratrum; applications to the head the same.

18th.—Rested very poorly during the night; could not be restrained by his attendants on account of delirium, which could not be controlled. The wound is not discharging as much as usual. Tongue dry; pulse 92; respirations 16; surface dry; takes nourishment with considerable difficulty; bowels have not moved for several days; answers questions when spoken to only a part of the time; took internally veratrum gtt. viij, every four hours;

pills compound cathartic, No. iij; hot applications to the wound.

Received a despatch from Dr. Alverson stating that "Starbuck's condition was much worse, and that death was expected at any time." I went out to Marengo on the first train, and remained with him sixteen hours, when through the kindness of Supt. Kimball he was brought to Davenport on an extra train, which was carefully accommodated to the wants of the patient. Arrived in Davenport on the morning of July 19th, when he was taken to the Davenport City Hospital and supplied with fine airy quarters.

19th—*Davenport.*—Was admitted into the Hospital this morning; does not seem to have suffered from the transportation; rests tolerably well, but fligthy at times; pulse 86 and full; bowels moved this morning; wound discharging more freely; surface dry, but not hot; swelling around the eye very nearly gone, although the ecchymosis is still lingering; tongue moderately furred, but moist. There has been a little serous-bloody discharge from the ear. Veratrum continued, with a change to cold applications.

23d.—He has been doing well during the past four days. General condition good—pulse, skin and alimentary system in good order.

Discontinued the medicine and commenced strapping the wound to approximate the edges. The discharge from the ear was slight, and continued only twenty-four hours.

Nothing further, of importance, occurred during his convalescence, which was uninterrupted. The strapping was kept up every day, and hygienic surveillance enforced. On the ninth week he was discharged from the Hospital, and permitted to go to his own residence, where he received the same careful attention. The wound did not entirely close until in March, 1869, when a small sequestrum of bone exfoliated from the zygomatic extremity. He now wears a silver plate on the outside to protect the brain. He is now engaged in the business of ticket agent at Moscow station, C. R. I. & P. R. R., where he does not hesitate to perform almost any kind of manual labor.

Among the records of surgical science, no more interesting case of recovery is to be found, presenting, as the foregoing case does, complications, any one of which often terminates life. The celebrated case which occurred in 1841, in New Hampshire, was certainly a remarkable recovery. But in that case no

trehphining was necessary, and the canal made by the tamping bar permitted gravity to carry away the discharge.

A photograph of the patient is here presented, to show his condition when discharged from treatment.



The special points of interest in the herein submitted case, to which I desire to invite attention are:

1st.—The condition of the patient at the time the operation was performed.

2d.—A distinct fracture of the base of the skull, which was separated so wide as to permit the introduction of the index finger—which experiment was made by three surgeons.

3d.—The extent of bone removed by the trephining operation, was in size two and a half square inches.

4th.—Laceration of brain tissue and membranes, some of which came away with recovery without any impairment of the mental faculties or general health.

CASES IN OPHTHALMIC PRACTICE,

By L. BARBOUR, M. D.,

Of Pittsburgh, Pa.

STRABISMUS.

Mrs. M. Z., age forty-eight. This lady had convergent strabismus of left eye until she was twenty years old, when she applied to a surgeon of some reputation to have the deformity removed. He operated upon the eye, but instead of straightening it, turned it in the opposite direction. When she applied to me, August 16th, 1868, this eye was immovably fixed, and the pupil just visible at the external canthus. She had no power to move it herself, and it could not be turned to the parallel position with the fixation forceps.

Recently, the sight of the right eye had become very imperfect, and the lady and her

friends were anxious to have the left straightened, hoping it would improve sight.

It was evident, to my mind, that this would be no easy matter. Yet I thought it could probably be done by separating the attachment of the external rectus from the sclerotic, and letting it fall back, and separating and bringing forward the internal. I had the valuable counsel and assistance of Drs. Wall and Simons, of Cambridge, Ohio, and proceeded to operate by first making a vertical incision through the conjunctiva and farsia, a little back of the usual position for dividing the internal rectus, and with the blunt hook tried to find the attachment of this muscle. Only a few fibres could be found, as the muscle appeared to have been almost entirely absorbed. These, however, were separated from their attachment, and quite a large semilunar flap was removed from the conjunctiva and farsia.

I now separated the tendon of the external rectus from the sclerotic, when the eye was easily turned parallel with the forceps; but when they were removed it immediately returned to its former position. I now, while the eye was turned a little toward the inner canthus, closed the wound upon the inner side of the ball, with two points of suture, which were made to enclose the conjunctiva, farsia and fibres of the internal rectus muscle. Having removed the semilunar flap from this wound, I expected it, when closed, to keep the eye parallel; but in this was disappointed, for no sooner were the forceps removed than it returned to the position it occupied before we began the operation.

I now determined to *force* the eye to assume a parallel position for a few days, hoping that after the muscles became accustomed to this position, they would retain it. Consequently a thread was fastened to the ball at the point where the external rectus was attached, and with this the eye was turned parallel and the thread fastened to the nose with a piece of plaster. On the fourth day, the thread separated from the ball; but to our satisfaction, the eye remained natural. There was but little lateral motion, but enough for all practical purposes.

The lady accomplished her object, and has very good sight, with an eye which had been useless for almost half a century.

I have resorted to the "thread operation" in several cases, and find it a valuable adjunct in obstinate cases of strabismus.

Such operations as the above would not be

required, providing gentlemen who operate for strabismus, would be content with dividing the muscle and sufficient of its coverings to reach it. A few years since, I was present, while a surgeon, who has quite a reputation in the West, performed this operation. And I am certain he divided all the tissues down to the sclerotic for the space of half an inch. I know of four cases that he has operated upon for convergent strabismus, and every one now have divergent. I have never known the eye to turn in the opposite direction, except where an unwarrantable amount of tissue has been cut.

CATARACT.

Mr. W. S., age fifty-nine, consulted me April 17th, 1869. Has been blind with right eye since he was six years old; thinks he received a blow upon the eye about that time.

During the last year and a half the sight of the left eye has been gradually failing. He cannot see to read any kind of print, but can see large objects.

Upon examination I find a well-developed cataract in right eye, and partially-developed one in the left; both pupils respond to atropia, which improves the sight of the left eye.

The patient was anxious for an immediate operation upon the left eye; but as he yet had useful sight, I preferred delaying this operation until the cataract was mature; and as the right eye appears perfectly healthy, with the exception of the cataract, and he could distinguish light with it, as patients usually can if the retina retains its function, I advised him to have the cataract removed from this eye, as with this eye he had but little to lose. He consented to the operation, and on the 18th of April, with the assistance of Drs. Ingraham and Wright, of Coshocton, Ohio, I extracted, by the usual upper flap, a rather soft cataract. The lens was not only soft for a man of 59, but, what was to me peculiar, it was as soft at the centre as at the circumference.

No pain nor inflammation followed the operation; and on the fifth day the eye was opened and examined. The wound healed by first intention; pupil was clear, but no sight. On the twelfth day he left for his home, believing the operation a failure, and promising to return in the fall and have the other eye operated upon.

A few weeks ago I accidentally heard that Mr. S. was seeing with this eye, and immediately wrote to him for the facts, and received the following answer:

Otsego, Muskingum Co., Ohio, }
July 28th, 1869. }

DR. L. BARBOUR—*Dear Sir:* A few days after I arrived home, sight began to come to the eye you operated upon, and it has continued to improve, until I now see very well; can read plain print without glasses. I am now thankful to you for proposing this operation.

Truly yours, WILLIAM STARKEY.

It appears that this gentleman can see about as well with this eye, as patients usually do who have only been blind a few months. The eye having been blind for more than half a century, made it of interest to me, and I hope will prove so to my readers.

A CASE OF ABORTION WITH RUPTURE OF UTERUS AND RECTUM,

BY JOSHUA B. GRAVES, M. D.

of Corning, New York.

Reported by CHARLES M. GRAW, M. D.

December 18th, 1861, Dr. J. B. GRAVES was called in the night in haste to see Mrs. T., in consultation with Dr. H. Found her extremely prostrated from hemorrhage and the effects of chloroform previously administered by Dr. H. Ordered diffusible stimulants given at once and frequently repeated, and obtained the following history of the case :

Mrs. T. was a large, spare woman, with a nervo-sanguine temperament, aged 33, married, and the mother of four children. She was, at this time, in her fourth month of pregnancy. Being very poor, and with a family already of four, and fearing her ability to support any increase to it, she had determined to have no more children. Accordingly, some three days previous, by placing herself upon her knees, she introduced into the vagina a large-sized knitting-needle, and guiding it with her finger into the os, she sat back upon it, pressing until she felt pain. Desisting, and withdrawing the instrument, it was slightly stained with blood. No hemorrhage immediately followed, nor inconvenience.

The next day had light fugitive pains in the lower portion of the abdomen, but rested well that night. The third day sent for Dr. H., as the pain had been quite severe, and she had high fever. Dr. H. found her with great pain in the back, simulating labor pains, but with no hemorrhage—the os uteri closed, with a tenseness of the walls of the uterus, and a pressing down of that organ. Dr. H. saw her again in the evening of that day, found the os partially dilated, with the hand and arm of the fetus protrud-

ing into the vagina; pains lighter than at his previous visit; administered tinct. ergot, which partially revived her pains; they soon, however, began to decrease, and in a little while almost entirely ceased. The doctor then gave her chloroform, and attempted to remove the fetus with a pair of nasal polypus forceps. He removed the arms, and then a leg, and at last the body except the head. There was considerable hemorrhage. The patient at this time became so far recovered from the chloroform, as to refuse taking more. Dr. H. then attempted the extraction of the head, which caused her so much pain that he desisted, and Dr. J. B. GRAVES was then sent for. While the messenger was on his way, she had several severe pains; blood flowed quite freely, and she passed from the womb, through the vagina, a large lumbricoid worm. On Dr. G.'s arrival, at 3 a. m., this worm, with the portions of the fetus, were shown him. On examination, Dr. G. found the mouth of the womb open, and a mass of thin, fecal matter passing through it into the vagina. Dr. G. then advised brandy every half hour with a little sweetened milk, and left to see her again next day, leaving Dr. H. to administer the remedies.

Saw her again at 2 p. m.; found reaction well established; stopped the stimulants; two more large worms had passed away through the uterus; introducing a speculum, he discovered another large lumbricoid passing through the os; removed it through the speculum, with a pair of forceps. The contents of the bowels were passing continually through the os into the vagina and out. The vagina at this time was normal, but soon became very highly inflamed. In three days from last date, the vagina, os, uterus, and indeed the entire pelvic viscera were in a terrible state of inflammation. Introduced a speculum to convey the fecal matter, that issued from the uterus, away without its coming in contact with the soft parts, but was unable to retain the instrument in place to effect any good.

He then elevated the lower extremities on an inclined plane, so as to keep the contents of the bowels from gravitating into the womb; used warm water injections into the uterus and the rectum, part of the latter injection passing out through the womb and vagina.

The usual remedies for subduing inflammation were used in this case with anodynes to relieve the pain, with complete success.

It was, however, three weeks from the time

Dr. G. first saw her, before he succeeded in stopping entirely the passage of foecal matter through the uterus. Tonics were given to support her, as soon as the inflammation subsided, with small and frequently-repeated doses of ergot.

The discharges per uteri gradually diminished; the contents of the bowels were discharged per anum; in six months' time she was able to resume household duties. She then removed to Pennsylvania. A year since, Dr. G. met her husband, who informed him she was well, and had since given birth to two children, both healthy and well, and that she experienced no difficulty in either of her accouchments.

POISONING BY STRYCHNIA TREATED WITH THE ORDEAL NUT.

BY JAMES T. NEWMAN, M. D.,

of Chicago, Illinois.

Was called July the 1st, of the present year, see a young lady, named Miss Kate Pindar, residing on Monroe street, No. 116, Chicago, Illinois. I found the pupils dilated, face sunned and red, muscles rigid, head bent back, spine curved, arms stretched out, hands clenched, violent paroxysms every five or ten minutes. I gathered as quickly as possible all the information that the mother possessed. It appears that the girl was suffering with chronic diarrhoea and suppression of the menses. She had employed a physician, who had given some pills, one of which was to be taken three times a day. The second dose was reached nearing the third, when the conditions that I have mentioned were observed by the mother. She immediately sent for the doctor; but not finding him, I was sent for. I diagnosed poisoning by nux vomica or its alkaloid. Having had a case of tetanus some months ago, and the symptoms being so near alike, I resolved to treat the case in the same manner that I would a genuine case of tetanus. Not having my hypodermic syringe with me, I stepped out and borrowed of a gentleman close by.

I then went to the nearest drug store and ordered one-sixth of a grain of the calabar bean, dissolved in twenty drops of water; returned to my patient and injected into the right arm, at the biceps, my favorite place, and sat down to watch the results. I had not watched more than thirty minutes before I noticed that the pulse became softer, and had fallen from 120 to 95;

the respiration became more regular; the legs which had before been rigid, now became freely movable; the abdominal muscles lost their tension, and the arching of the spine disappeared; the jaws which had been locked, moved freely. Thought she was better. Left her, promising to come back in three hours. It is six in the evening. Came back as I told them. Found a slight return of the spasms and rigidity of the muscles. I had prepared a pill containing one-third grain of the ordeal bean, which I gave and left her for the night. July the 2d, much improved; no symptoms of poisoning, with the exception that the pupils were greatly dilated. I did not think it necessary to give the medicine any longer. Hence, I prescribed plenty of good food. The next day there was no dilatation of the pupils, and no trace of poisoning. I told the mother to send for the other physician, but the girl refused to take any more medicine from him, and asked me to continue with her.

I consented to treat her, and immediately proceeded to find out what the matter was. She told me that she had been troubled with diarrhea for over nine months; also complained of acute pain in the left iliac fossa; sometimes it would course down the inner side of the thigh. I took the speculum and examined the uterus; found an ulcerated patch about the size of a York shilling; to this I traced all of her trouble; took a piece of cotton batting and wiped it clean, and then applied carbolized oil to the surface. The proportions of the oil were as follows: Acid, two parts; oli, one. This operation was repeated once daily for three weeks. I also prescribed,

R. Quinia sulphatis,	gr. xx.
Acidi sulphurici arom.,	$\frac{f}{2}ij.$
Syr. aurantii corticis,	$\frac{f}{3}vj.$ M.

Fiat mistura.

Sig. Teaspoonful three times daily.

She recovered rapidly under this treatment, and to-day she is in perfect health.

Good Law.

Drunkards in Illinois are likely to have a hard time. The new law classes them with insane persons and idiots, and places them under the care of guardians and overseers of the poor; and when a man has been declared an habitual drunkard, he has no remedy from guardianship until a year has elapsed.

Why cannot every State have such a law—or some law to protect society from misery and crime resulting from the vice of drunkenness? If there is an idiot or rather, an insane person who needs restraint, it is he who voluntarily puts "an enemy in his mouth to steal away his brains."

EDITORIAL DEPARTMENT.

Abdominal Puncture in Tympanites.

James G. Davey, M. D., of Northwood, Bristol, read before the British Medical Association the following case :

The case which I am about to narrate is, to my mind, one of some practical value; it opens up a question, the reply to which I look for from this present meeting.

On the 6th of last October (1868), I saw at Whitfield, with Mr. Salmon, of Thornbury, a female child about nine years of age, suffering from a very evident and severe affection within the abdomen. The history of the case was this. In the preceding August, toward the end of the month, Mr. Salmon's assistance was sought for this child, in consequence of her complaining very constantly of the "stomach-ache." Mr. Salmon found his patient with an abdomen somewhat tender and distended. The bowels were constipated, the tongue dirty and yellowish, and the breath fetid. She felt sick, and was without any appetite. He found her, in a word, *bilious*. Aperient medicines were prescribed, and warm poultices put on the abdomen. But little and temporary benefit resulted, and then more active aperients were resorted to. Enemata were administered from time to time; and the local application of tincture of opium with olive oil, and of mustard cataplasms with turpentine stypes, was suggested. The diet was, of course, of a light character, as broth and milk, with wine or brandy and water occasionally. Two or three weeks elapsed, and the symptoms not only did not give way or succumb to treatment, but they became much aggravated. The indications of disorder of the *prima via* became more and more palpable. Thus the abdominal pain and distension were increased, and the sickness was more urgent. The disinclination to take food persisted; the tongue was still foul; and the bowels remained more or less constipated—that is to say, not duly purged. Palliatives, as spirits of chloric ether, hydrocyanic acid (dilute), etc., were now given, but with only a passing relief to the sickness and pain.

Some further time elapsed, and then it was that I was requested to see her—in consultation, of course, with Mr. Salmon. I found our patient lying on her back, with the knees drawn toward the abdomen, but falling to the right side. She was greatly emaciated, and to all appearance not far from death. The abdomen was enormously distended, and very

evidently tympanitic; tongue loaded, moist, and covered with a darkish mucus; breath very offensive. She had no appetite. The bowels had been relaxed ("diarrhoea"). The skin was somewhat hot and dry; pulse rapid and feeble. Though believing the case a hopeless one, we determined on a line of treatment. We sought—1, to maintain the powers of life by the aid of small and frequent quantities of diluted brandy, beef-tea, milk, and the like; 2, to relieve the local distension and pain by the application of the linimentum hydrargyri, a flannel bandage being worn over the abdomen and around the body. We agreed on the administration of small doses of either calomel (one-sixth or one-eighth of a grain) or grey powder (one or two grains), with Dover's powder or opium, according to circumstances, every few hours; as well as a mixture containing spirit of chloric ether, compound tincture of cardamoms and syrup of ginger, in camphor mixture. I suggested further, the trial of a dose of castor-oil and oil of turpentine every few days; as well as the use of O'Beirne's tube.

But to the point of this paper. In driving homeward with Salmon, it occurred to me that the enormous quantity of gas or wind occupying either the peritoneal sac, or it might be, the intestines, being nothing more nor less than a foreign body, or, at any rate, a product of abnormal action in the parts concerned, should be evacuated. I said this to Mr. Salmon. That gentleman hesitated to fall in with my suggestion. I pursued the subject thus. If, instead of the air within the abdomen of our patient, we felt assured there was fluid or water (ascites), would not an operation—puncture—be then held to be imperative on us? Mr. Salmon assented. The consequence was, that my friend did, on the very next day, act on my suggestion, and operate. A note from Mr. Salmon to myself, dated April 18th, 1869, has these words, viz: "In reply to your letter respecting the little girl at Whitfield Farm, I find that you saw her on the 6th of October (1868), and on the following day I punctured the abdomen, letting out an immense quantity of air, of a most offensive character, which continued at intervals to discharge until her death, which took place on the 19th of the same month. The operation," he goes on to write, "gave great relief, and tended much to mitigate her suffering, previously to which the difficulty of breathing had been most distressing."

Let me observe here, that the examination *post mortem* revealed the ordinary belongings of "tubercular peritonitis;" viz : adhesions, deposits of lymph, purulent effusions, and so on. There were, in addition, three ulcerations on the intestines, one of which had, it would seem, opened a communication between the gut and the abdominal cavity; in the immediate neighborhood of which, and external to the bowel, some feces was seen. This "communication," however, was nowhere near the seat of "puncture."

As you will perceive, it was not the good fortune of Mr. Salmon and myself to achieve more than the relief of our patient's great sufferings; but does not this partial success seem to justify, in extreme cases of tympanites, a resort to the trocar and canula? However, I am not without evidence of a more assuring or promising character; and to that evidence I would now invite your attention.

In the *Medical Press and Circular* for April 7th, 1869, you will find these words; viz.:

"*Intestinal Puncture in Tympanites.*"—Under the advice of Dr. Fonssagrives, intestinal puncture, as a last resource, has been several times practised at Toulouse, on two patients suffering from tympanites. In the first case the abdomen formed an immense mass; the patient was perfectly cyanosed, and suffocating. An exploring trocar was inserted into the most distended part of the lower umbilical region. The gas escaped so violently as to extinguish a candle. The distention returning next day, two fresh punctures were made in different places, and gave so much relief, that the life of the patient was prolonged four days. In another case, six punctures were made, until the gases were naturally evacuated, and the patient cured."

Now it was on reading the above sentence that it occurred to me that the case of Mr. Salmon's was really deserving of record, as leading us up, as it were, to the very gratifying result of the treatment of tympanites by puncture, as realized by Dr. Fonssagrives, of Toulouse; and hence this paper.

Speaking on this subject to a medical friend some weeks since, he told me that veterinary surgeons so treated the disorder among cattle. That this is the case, I have the authority of Mr. Nathaniel Leigh, the eminent veterinary surgeon of Bristol. I wrote to him for information in regard to the treatment of tympanites in horses and cows. He has replied as follows, under date April 28th, 1869. "Tympanites is a very common occurrence in cows, but not so frequent in horses. I have operated with great success on both. I make the puncture with a common trocar, or, if I have not that at hand, with a common pocket knife. I pass the trocar or knife just between the last rib and the ilium, and on that side of the abdomen which is the more prominent. I think," he adds, "that, if the operation were more frequently resorted to, many beasts would be then saved which now die."

In view, then, of the foregoing facts, are we not called on to draw this conclusion—viz.: In extreme cases of tympanites (the air being either within or without the intestines, i. e. in the peritoneal sac), the other and more ordinary remedies failing, puncture of the abdomen is not only perfectly justifiable, but is, in point of fact, called for, even demanded, at our hands.

Pathology of Insanity.

Dr. HOWDEN, in the *Lancet*, gives the following results of cadaveric observations of nerves in lunatics:

First, then, I have met with an apparent fatty degeneration of the grey substance of the cerebrum in some cases of general paralysis, and in cases of acute mania without paralytic symptoms, but believe it to be a rare condition.

Second, That in cases of long-standing insanity the cells of the grey matter of the cerebrum present a granular appearance; that this appearance is most intense when the mental excitement has been most severe and long-continued, as in general paralysis, epileptic mania, and remittent mania; that it is always accompanied by a deposition of granules of haematosin outside the walls of the capillaries and smaller vessels of the grey substance, and usually by deposits of free granules scattered through the grey substance.

Third, That similar changes in or around the cells are found in all parts of the brain and spinal cord, with the exception of the cerebellum, where the cells are always (?) full of granules.

Fourth, That the granules are not generally of a fatty nature.

A careful examination with a variety of magnifying powers inclines me to think that, in many instances, the granules are deposited, not *inside* the cells, but *around* them, as the haematosin is around the blood-vessels; and I have sometimes noticed them scattered along the fibre coming from the multipolar cells. The granules are unaffected alike by sulphuric ether and strong alkalies. In extreme cases the cell becomes converted into an opaque yellow, horn-like body, in which no trace of a nucleus can be detected.

While, as I have said, this granular condition of the grey substance may be found everywhere but in the cerebellum, it can be studied more readily in some parts of the nervous centres than in others. As, for example, in the convolutions on the vertex, the convolutions above the corpus callosum, and in the cells of the grey matter at the lower part of the spinal cord.

Until reading the paper of MM. Poincaré and Bonnet, I had not examined the cells of sympathetic ganglia, and since then have not had many opportunities of doing so. I have, however, found in persons

who have not died of general paralysis, appearances similar to those described by them.

How far this granular change in the nerve-substance is compatible with healthy mental action is a point yet to be determined. I am disposed to think that this change will be found to a certain extent in persons in advanced life, and that, in many cases, it is the result of the aging of the cell so to speak; just as atheroma and ossification of the arteries are changes incident to advanced life. This view, however, does not invalidate the importance of the fact that, in cases of insanity, accompanied by violent cerebral action of considerable duration, a very decided change takes place in the condition of the ganglionic cells—a change accompanied by an alteration of the vessels of the grey substance, and succeeded by the usual evidences of brain decay—shrinking of the grey and white matter, oedema of the brain, excess of fluid in the sac of the arachnoid, and, in the lateral ventricles, thickening of the membranes, and dementia.

It is, perhaps, too much to expect that the microscope will enable us to discover alterations in the brain which produce mental derangement; but that it reveals to us changes in the nerve-substance, as a consequence of that condition, changes incompatible with healthy mental action, I think certain. There is in this department of histology a vast field untrdden, and one which will not fail to repay the earnest worker.

Case of Aneurism of the Thoracic Aorta:

G. H. PHILIPSON, M.A., M.D., Cantab., M.R.C.P.L., Physician to the Newcastle Infirmary, etc. records the following case in the *Lancet* for Nov. 28, 1868, p. 693.

In January, 1867, during a cold sleety night, the late Mr. Pyle was hastily summoned, by his assistant, to a case of difficult midwifery. In his anxiety to reach the house with the least possible delay, he took the more direct route across the fields, and unfortunately got into a snow drift. For some hours afterward he was prevented obtaining dry clothes, and subsequently suffered severely from rheumatism, principally of the large joints and of the chest.

In August, 1867, Dr. Peacock, of London, was consulted, who stated that aortic valvular disease existed, and advised relinquishment of professional duties.

In November, 1867, the conjoint opinion of the late Dr. White and Dr. Charlton was sought, both of whom diagnosed the existence of aneurism of the arch of the aorta.

On the 25th of January, 1868, our author was afforded an opportunity of examining Mr. Pyle. At that time there was a visible pulsation in the right mammary region, most evident at the third interspace. There was dullness from the middle of the

sternum, three inches and a half to the right; over this space a double blowing murmur was heard. There was no general or local bulging of the sternum. The heart's impulse was a little within and below the left nipple. The heart's sounds at the left apex were free from murmur; at the base, very rough and grating, especially the first. There was no pain in the chest or back. The lower extremities at times were cold and numb. Aneurism of the transverse and descending portion of the arch of the aorta was diagnosed.

On the 20th of October, 1868, Mr. Pyle caught cold; bronchial irritation, dysphagia, and vomiting supervened. On the afternoon of the 24th synco-pal attacks occurred, followed by great depression, which gradually increased; and on the morning of the 25th death took place, at the age of sixty-three.

Autopsy, fifty-six hours after death.—The chest was remarkably well proportioned, and unaltered in contour, the sternum, costal cartilages, and ribs being neither displaced nor absorbed. The heart was in its normal situation, and adherent to the pericardium for the whole length of the anterior surface of the right ventricle. The left pleural cavity was filled with black coagulated blood, the left lung being collapsed and compressed against the vertebral column. The aorta, commencing immediately above the semilunar valves, and for the whole extent of the arch, was widely dilated, and fusiform in shape; while, from the left side of the thoracic portion, there was an aneurismal sac, in size equal to two large oranges, and which had ruptured near its lower portion, the laceration being about half an inch in length, and partially obstructed by a fibrinous coagulum. The parietes surrounding the rent were thin and soft. There was no erosion of the vertebrae; but partial softening of the intervertebral substances adjacent to the aneurism. The sac was about half filled with firm fibrinous coagula, arranged in concentric layers. The aortic semilunar valves were thickened, so also the mitral. The internal surface of the aorta was everywhere studded with atheromatous patches, but nowhere calcareous. The muscular tissue of the heart was soft and fatty; the liver was fatty; the lungs and the kidneys were healthy.

The following are the points of special interest in this melancholy and instructive case:

The clearness of the history, and the distinctness of the symptoms and signs.

The magnitude of the arterial disease, and the presence of two different forms of aneurism continuous with one another—the one, situated at the arch, being of the peripheric or dilating variety, and that of the descending aorta of the lateral or sacculating.

The solution of continuity in the walls by softening and laceration, as is usual when aneurisms rupture into serous cavities.

The evidence of the former occurrence of adhesive pericarditis, in all probability at the time of the rheumatism, in January, 1867.

The exemplification of the fatty diathesis, by the extensive atheroma and coincident fatty condition of the heart and liver.

Endoscopy of the Womb.

Dr. PANTELEONI uses Dr. Cruise's endoscope and opens the cervix by sponge tent. He reports this case:

I had the lady on her left side, as it is usual in England in specular examinations or confinements, and I took the only precaution, that the lady should be as near and as much out as possible on the borders of the bed, as otherwise the lamp of Dr. Cruise's instrument might set fire to the curtains and at all events the endoscope be not so easily managed. Dr. Sims in his excellent works disapproves of the practice of removing the sponge tent in the lateral situation of the lady; and after the examination he directs the woman to lie on her back, and he then proceeds to the removal of the sponge and introduction of the finger for the digital exploration of the cavity. And certainly this system is the only practical one for the *digital* exploration, but I could not follow it without again turning the woman a third time on her side, as the application of the endoscope is almost impossible if the lady lies on her back. The reason quoted by Dr. Sims against the removal of the sponge in the lateral position of the woman is, that the column of air precipitates itself inside the womb at once, and may, by its pressure, produce an irritation or inflammation of the organ. I could never believe much in such an explanation; but knowing what a diligent observer he is, I always apprehended some mishap from following a plan, which he had occasionally seen dangerous. However, till now, I have not had, fortunately, any reason to confirm myself in those apprehensions.

The removal of the sponge, although made with the greatest precaution, produces always some bloody discharge, and as soon as the sponge tent was removed, I introduced, with the greatest ease, inside the cavity of the womb a cylindrical tube No. 30 of the *filiere* of ChARRIERE, and of the length of twenty centimetres; and constructed in such a way as to be perfectly adapted to the usual endoscope. In fact, it differed only from the usual tubes of Desormeaux by its being shorter, and by having suppressed the lateral openings existing in the urethral tubes of Desormeaux. Having in such a way applied the endoscope I could see most clearly the cavity of the womb, and inspect the condition of the internal membrane. A polypous vegetation was easily discovered at the bottom of the cavity and toward the posterior part of the *fundus uteri* in my case. It was of a vivid red color, unequal like a sponge, and of the largeness of a small strawberry. It

was striking the difference with the pale yellowish color of the rest of the membrane. I withdrew the endoscope fixing the tube, however, upon the vegetation, and introduced the caustic through the tube itself, being therefore quite sure of the impossibility of touching anything but the vegetation itself and then, each time I looked in again with the endoscope to certify the effect of the cauterisation before removing the tube. I was obliged to return six or seven times to the use of the caustic. I employed the nitrate of silver, the chromic acid, which I have experienced particularly useful, and I would have willingly tried the caustic of Filhos and Bonnafond, which I have so frequently and so advantageously employed on the neck of the womb, but I could not find any means of reaching with those caustics at twenty centimeters distance. The cauterisation performed, I always plugged the vagina with some cotton wool, to prevent the running of the caustic on the outside, as the nitrate of silver employed to the neck of the womb produces always great pain to the outside parts without this precaution, and I have imbibed generally the cotton wool with a solution of chlORide of sodium to decompose the nitrate of silver when I used this caustic.

I never saw the slightest inflammation of the body of the womb, or of the peritoneum through the employment of strong caustics or of the injections of a strong solution of iodine. In one case even m^y solid nitrate of silver broke, and a large piece was left inside the womb; but I had learnt already from the excellent work of Dr. Courty, how innocuous was this accident; and the patient felt no inconvenience of any kind from it. The reason of this innocuity evidently lies in the mouth and canal of the cervix being widely opened; and therefore the injected liquids or the secretions produced by the cauterisation running freely; and my experience is in this point in accord with that of the best gynaecologists, that the accidents produced by the injections even of simple water were due to the circumstance, that the fluid not being free to run out from the womb was either forced through the fallopian tubes into the peritoneum or even kept inside of the womb, acting as a kind of foreign body upon it.

The case to which I make allusion, and whose treatment gave origin to this article, proved to be one of the most perfect success, and with no return of the illness; but this case is not the only one where I employed this system of exploration. I have applied it several other times with a negative, but not an unpropitious result. In one case of the most obstinate and frightful repeated hemorrhage, where I had destroyed several fungosities round the mouth of the womb, served to prove that the lady was perfectly cured, and I could send her safely to some iron springs, where in a month or two she recovered the most brilliant health. In another case it authorized me to employ freely some perchloride of iron locally, and internally the ergot of rye. The hemorrhage,

which existed for several months, ceased immediately, but it did not return but with the regular menstruation and in the regular quantity.

Spontaneous Cure of Ovarian Dropsey.

Dr. M' MILLAN recently reported the following suggestive case to the Edinburgh Obstetrical Society :

About twelve years ago, I was consulted by Miss H., on account of a peculiar enlargement of the abdomen, which gave her much anxiety, as it was gradually increasing. At this time the patient was 42 years of age ; and in addition to the swelling, which was her chief anxiety, she was laboring under a form of chronic bronchitis, which had commenced simultaneously with the swelling. She was thin and emaciated, with a somewhat cyanotic, and very anxious expression of countenance. I examined her carefully, and my opinion was that it was a case of ovarian dropsey, the nature of which I explained to her, and gave her advice with a view to the relief of her breathing, and the benefit of her general health. The case had altogether a bad aspect, and my impression regarding it was very unfavorable. At this stage of the case, I went abroad ; and on my return to Edinburgh a few months ago, after ten years' absence, my old patient was one of the first persons I recognized on the street, but she was so much altered, and improved in appearance, that I stopped her to make some inquiry and get some explanation of the change, when she gave a narrative of which the following is an outline :—She told me that after I left, she continued to grow worse and worse ; she went to dispensaries, consulted several doctors in Edinburgh and Leith, and also medical gentlemen from London ; all of whom were agreed as to the *nature* of the disease, but no medicine or treatment which she received was of any avail. At length, one day in October, 1864, she had been down seeing a sister in Leith, and was returning by Bonnington Road. She had arrived at a point somewhere on the Edinburgh side of the cemetery, where the road is narrow and walled in on either side, when she heard an unusual noise ; and on looking in front, to her great horror and dismay, she saw two runaway horses with carts advancing toward her at a rapid rate. She instantly turned and ran toward Leith with all the speed she could command, the horses gaining rapidly upon her. At length, when nearly up to her, the last horse tried to get alongside of the first one ; thus the whole breadth of the road was occupied, and there was no escape for poor Miss H. At this critical juncture, the carts, which were laden with stones, became entangled, and one of them upset. Miss H. was knocked down, and gave herself up for lost ; luckily she fell in the gutter, alongside the footpath. Either the wheel or edge of the capsized cart fell right across her body, but was prevented from killing her instantly by the rise of the sidewalk. Of

course she thought her end was come, and for a moment she felt an agonizing sense of being crushed to death, and suffocated ; for her face and mouth were embedded in the mud of the road. Help was at hand, and she was soon extricated from her perilous situation. When taken up she was in a state of insensibility, and remained unconscious for some days. The first thing she noticed on recovering her senses was, that the *large tumor in her stomach was gone* ; and she called the attention of her friends to this extraordinary circumstance. Of course it was a source of great satisfaction to her, as well as wonder. Beyond a few severe bruises, and the shock to her nervous system, she received no serious injury. She was confined to her bed for six weeks, during which time she had a severe cough, with a very copious expectoration of purulent-looking matter. This gradually ceased, and she recovered, and with the *tumor* entirely gone ; she became restored to a condition of *perfect health*, to which she had been a stranger for many long years.

Paralysis Agitans and Indurated Patches.

M. CHARCOT directs attention to the importance of the distinction of cases of tremors into two classes or groups : the first comprehending those cases in which tremors occur only during an intentional or voluntary movement ; the second including the cases in which the tremors are constant, or at least cease only during sleep. The latter group constitutes the paralysis agitans. In each group there are numerous species, presenting considerable differences. This distinction of the convulsive tremor (*tremor coactus*) from the simple trembling due to weakness (*tremor a debilitate*), is mentioned by Galen, and was insisted on by the medical writers of last century ; but, notwithstanding its importance, was, till recently, overlooked by modern authors. Gubler has shown that the spasmodic tremors are often due to alternate jerking contractions and relaxations of the muscles, by which movements are affected, or the attitude of the body preserved (*Astasis Musculaire*; *Arch. Gen de Med.*, 1860, t. xv. p. 702). In recent treatises, as Troussseau's (2d edit.), Grisolle, Sanders in Reynolds's "System of Medicine," these distinctions are fully recognized. But M. Charcot maintains that true paralysis agitans, in which the tremors are convulsive and permanent, is a neurosis (*i. e.*, does not depend on any material morbid lesion) ; while the occasional tremors, during voluntary acts, are the result of indurated (sclerosed) patches scattered in various parts of the spinal cord. M. Charcot then enters into a description of the symptoms of the paralysis agitans, as observed at the Salpetriere, and, in addition to the tremors and tendency to move forward, so graphically described by Parkinson, insists on the rigidity of certain muscles in the neck, trunk,

and extremities, and describes the deformities which result in the hands and wrists. The author notes also the difficulty and the retardation in the execution of voluntary acts, giving a semblance of paralysis, while the dynamometer shows that the muscular strength is remarkably preserved—often greater in the limb which trembles most and seems weakest. This rigidity often occasions painful cramps. One symptom which M. Charcot has not found mentioned in previous descriptions is a habitual sensation of excessive heat. This feeling is entirely subjective, the actual temperature not being increased. Indeed, the absence of any elevation of temperature is surprising, when the amount of muscular motion is considered. This M. Charcot ascribes to the dynamic character of the contractions; static (*i. e.*, with predominance of tonic) contractions only raising the temperature to a notable extent. As yet no alterations in the urine, similar to those observed in chorea and delirium tremens, have been observed; this desideratum M. Charcot intends to supply.—*Gaz des Hop.*

Calabar Bean in Tetanus.

Though the following case was unsuccessful in result, it seems worthy of quotation, in an abridged form, as a contribution to this most interesting subject :

The Calabar bean, since its introduction into practice not many years ago, has been administered in many different diseases, but chiefly in those of the nervous system. This is natural, as the remarkable physiological phenomena induced by the Calabar bean chiefly affect the nervous system. In 1866, during my residence in the Saltpetrière, I administered the Calabar bean to epileptics, under the direction of M. Delasiauve. Our results were not very encouraging, but will be published. The case now to be noticed is one in which we had the opportunity of using the Calabar bean in tetanus resulting from a penetrating wound of the knee.

A. M., set. 9, was admitted to hospital on June 6, 1867. In attempting to leap on a lorry he had missed his footing, and caught his right leg between the spokes of the wheel. He had a wound of the right knee, and a bruise of the right ankle. The child had had repeated fits in infancy, which had very much interfered with his health. He, at six years of age, had scarlet fever, followed by albuminuria.

7th June.—The child was put under chloroform, and the wound dressed. It was found to communicate freely with the knee-joint. He had a bad night, restless and sleepless.

11th and 12th.—Limb swollen; wound discharging fetid and serous pus. Pulse hard and strong; no appetite. Parents object to amputation.

16th.—To-day new symptoms appear; risus sardonicus; slight contractions of the orbicularis palpe-

brarum; pain in the jaws. At last leave was obtained to amputate the thigh, which was done on June 17. The nervous phenomena diminished toward evening.

18th.—Bad night; tetanic symptoms aggravated; muscles of neck have become stiff. Ordered powdered Calabar bean, three-fourths of grain every hour in pill, and an equal quantity of the extract every two hours.

Vesp.—Symptoms as before.

19th.—During the night the child had taken, in divided doses, an emulsion containing fifteen grains of the powdered bean, and had slept three hours consecutively. Dose to be repeated during the day.

Vesp.—Symptoms all again aggravated; perspiration abundant; urine scanty.

20th.—A better night; slight opisthotonus. Patient had had no bean since 11 P. M. To have 22½ grains of the powder, with tea and rum, during the day.

Vesp.—Tetanic symptoms decidedly better. Repeat the dose of the bean.

Midnight.—Rapid movements of all the limbs and in the flap, causing it to bleed; a distinct rigor.

21st.—Tetanic symptoms much worse; jaws closed; swallowing difficult; opisthotonus. The Calabar bean was not repeated. The child died in the evening.—*Gazette Medicale.*

Peroxide of Hydrogen.

Dr. ALLBUTT says, in the *Lancet*, of this drug:

The great hopes which were entertained of the action of this remedy, seem to be fading away. Dr. Allbutt has given the solution of peroxide of hydrogen and the so-called ozonic ether a long and careful trial in four cases of diabetes; but the want of success in each case has deterred him from submitting any more diabetic patients to the same useless procedure.

The four cases were chosen as representing four degrees of severity of the disease. The patient who was taken as an example of the extreme stage, was treated with increasing doses of peroxide of hydrogen for six weeks. No good effects were noticed, and the patient died a short time after the discontinuance of the medicine.

Two of the cases were in private practice, and two were in the infirmary. The therapeutic experiment was carried out in the infirmary with great care. The two patients were taken in at the same time, and their weights, quantities of urine, amounts of water drank, and specific gravities of urine were taken daily. For about ten days they were placed on an ordinary diet (some restriction in the quantity of potatoes and bread only being made), and the daily variations noted. The peroxide of hydrogen, the purity of which was guaranteed, was then given in increasing doses, until the two patients were taking half an ounce of the liquor every six hours. In

one, the slight daily decrease of weight was arrested for a day or two; but this was apparently accidental, as it soon recommenced. It was intended to publish the columns containing the daily weight, water drank, urine passed, and specific gravity; but as no important variations were seen in them on administration or withdrawal of the medicine, it seemed unnecessary. Both patients improved subsequently on carbonate of ammonia and restricted diet, though one of them, as stated above, ultimately died. The peroxide of hydrogen was given for about two months in each case.

The Supposed Cholera Fungus.

The July number of the *Monthly Microscopical Journal* contains some critical observations on Dr. Hallier's hypothesis as to the origin of cholera from parasitic fungi, by one who has every title to be heard on such a subject—the Rev. M. J. Berkeley. After stating that two of the most promising young officers of the Indian and British medical services respectively, had been selected to investigate the subject fully in India, and after referring to the three reports published by those gentlemen in this journal, comprising the results of their labors up to their departure for India, Mr. Berkeley proceeds to show that Dr. Hallier's observations were of altogether too vague and undecided a character to inspire much confidence. Great pains, we are told, "have been taken by Mr. Thwaites, the acute Director of the Botanical Garden at Peradeniya, in Ceylon (than whom few have a more intimate acquaintance with cryptogamic plants), to acquire every possible information both in India and Ceylon. All his inquiries, however, have failed to detect a single fungus on the rice-plant even distantly allied to the Urocystis (*Poly-cystis Auct.*): indeed, the only fungus which has been detected is a little species of Cladosporium, differing from the universally diffused *Cladosporum herbarum*, 'and which, like that, is clearly an after-growth, and not a true parasite. Amongst some 7,000 numbers of fungi from North and South Carolina, not a single one occurs on rice.'" Mr. Berkeley adds: "An attentive perusal of the report of what Drs. Cunningham and Lewis saw at De Bary's, and the instructions derived from him, as well as that of their conference with Dr. Hallier, will be quite sufficient to make us receive Dr. Hallier's views with much less attention than they have attracted in certain quarters." In alluding to the opportunity he had of examining Prof. Huxley's preparations, Mr. Berkeley says he saw sufficient to hope that Prof. Huxley would continue his investigations, and he thinks that he has exercised a very wise discretion in not publishing his observations too hastily. The preparations given by Hallier as to the connexion of fungi with scarlet fever, etc., proved absolutely nothing. It would be folly to blind the eyes

to the experiments of Pouchet, Child, Bennett, and others, as to what is called the Atmospheric Germ theory; but, whatever may be the origin of the minute bodies in question, whether from pre-existent spores, or the fortuitous concourse of chemical and other energetic forces, it is a matter of immense importance to ascertain whether they have any connexion with disease, and it is obvious that the question as to their origin becomes essential. At present, however, according to Mr. Berkeley, there is no proof whatever that different fevers owe their origin to different parasitic fungi, or that especial forms of the same common species appear constantly in the several forms of fever, a circumstance for which there is better evidence, perhaps, as regards certain skin diseases. It is, however, unfortunate that writers on these subjects are seldom persons who are well acquainted with fungi.—*Lancet*.

Un-Hygienic Architecture in Hospitals.

A correspondent in the *British Medical Journal* says on this topic:

As an example of the necessity which exists for ventilating this subject, let me refer to the exquisite little Galignani Hospital, which has just been rendered thoroughly unfit for hospital purposes by the indifference with which some medical men consider sanitary requirements. The circumstances seem almost inexplicable; but there can be no doubt as to the facts, as I have heard them repeatedly stated by Dr. Shrimpton, the physician in charge of the hospital. The hospital, built four years ago by the Messrs. Galignani, to be transferred to the British Government for the benefit of the British poor in Paris, contains twenty beds, and is situated in the Parc de Neuilly, just outside the gates of Paris. It is built on a sandy soil, and has an excellent natural exposure. It receives the rays of the sun abundantly, and the air entered it freely from all quarters until within the last two months, when an immense building was erected immediately adjoining it. This has effectually destroyed the little hospital. The Messrs. Galignani allowed this new building to be erected, by the advice of three well-known French medical men. The Messrs. Galignani, thoroughly aware of the injury which would arise to their hospital from this edifice, had agreed to purchase the ground on which it was being built, when, the day before concluding the purchase, they privately asked the advice of three medical celebrities. Baron Cloquet said: "I do not see that this building will do any harm to the hospital." Baron Larrey went still further, and said: "The new building will be rather an advantage to the hospital than otherwise; it will protect the patients from the sun and wind." M. Nelaton, who was afterwards consulted, was of the same opinion as Baron Cloquet.

The new building in question is a vast warehouse for storing, and workshop for the manufacture

of scenery for the Theatre Francais. It covers a very large space of ground, and has a dead wall fifty-four feet high, rising immediately above the hospital, and extending seventy feet at right angles beyond the hospital, in the direction S. S. E., so that the wards are deprived of all sun until 12:30 P. M., and from that time the heat reflected from this immense wall becomes intolerable during the warm weather. The hospital is thus deprived of all air coming from the S. S. E.; and, when buildings are erected on the other side of the hospital, which may be the case any day, air will also be excluded from the west. It is impossible to account for Messrs. Cloquet, Larrey and Nelaton having dissuaded the Messrs. Galignani from the necessity of keeping their hospital isolated as it was; but this admits of no denial that *they have destroyed an exquisite little hospital.* The point, however, upon which I wish to insist is this: that hospitals, which from original or acquired defects in construction or situation do not receive a sufficiency of air and light, ought not to be accepted as fair fields for testing and comparing "the action of drugs and other external influences upon the bodily organs and functions."

Another illustration of my point is the new Hotel Dieu of Paris, at present in course of construction. Few hospitals are worse than the old and condemned Hotel Dieu. Its costly successor does not promise to be much better adapted for the treatment of the sick, and for therapeutical observation. The edifice is sufficiently advanced to show that there will be but a stinted supply of air and sun-light.

The building of the new Hotel Dieu, including purchase of ground and indemnities to former proprietors, will cost 40,000,000 francs, that is, one million, six hundred thousand pounds sterling. This is equal to an annual charge in perpetuity of £112 sterling for each bed, reckoning merely the cost of the bare walls! This calculation is based on the fact that there are to be 700 beds, which will make the cost of each bed about 57,000 francs.

I must add, however, that there are modern buildings in Paris which are really models for the reception of the sick; and which, could I venture to make the necessary demands on your space, I should have pleasure in here describing. I may refer, for example, to the Asile Sainte-Anne, recently erected by the Department of the Seine as a depot for insane patients. This institution ought to be visited by English physicians when they come to Paris. It is situated inside the fortifications at Gentilly-la-Glaciere, not far from the Val de Grace and Observatory. This magnificent institution consists of detached pavilions united by covered pathways, the whole being enclosed in a garden, and accessible to the sun and all winds.

Nitric and Nitrous Oxide.

The editor of the *Dental Register* says:

It is true nitric oxyd is twice as rich in oxygen as

nitrous oxyd; but it is not true that it is as ready to part with it. On the contrary, it most urgently demands more oxygen. So energetic is its affinity for oxygen that it takes two equivalents of this element from atmospheric air almost instantaneously, and the compound thus formed takes still another from water, if it be present. Nitric oxyd might be practically used as a deoxydizer much more extensively than it is. The terrible depression of vital force resulting from breathing nitric oxyd, even very much diluted, (for only thus it can be breathed,) is partly, and perhaps mainly, due to its affinity for oxygen. Commingled with the blood, it takes the oxygen of reserve from the blood corpuscles, and they fail to support life in proportion to the degree of deprivation. But this is only half the story of its toxic effects when breathed. We have noticed that it rapidly takes two equivalents of oxygen from the atmosphere, and the result is nitrous acid. This, in contact with watery vapor, is changed to nitric acid, by its taking another equivalent of oxygen. This, with the increased energy due to its nascent condition, cauterizes the mucous membrane lining the air cells, and does any one suppose that when thus cauterized the membrane is in proper condition for the transmission of gases in either direction?

With nitrous oxyd the case is radically different. It is ever ready to give and but little inclined to take oxygen; and when inhaled may pass into the circulation and may yield oxygen to the blood. But does it? Just here let experience take the place of theory.

When pure nitrous oxyd is taken into the air cells it does not all come out again. This we have demonstrated scores of times. When respired there is usually a great increase of carbonic acid in the earlier exhalations. This is beyond dispute. From breathing large doses of it the urine is increased in quantity, and contains more oxydized matter. These facts I have repeatedly demonstrated on myself and others. It will sustain respiration a long time, and it does so either by furnishing the oxygen to the blood or by carrying off the carbonic acid and water, so that the oxygen of reserve can supply the vital functions, or it may act in both these ways, for they are not incompatible, as is constantly proved by atmospheric air performing both offices in respiration. I have many times seen nitrous oxyd breathed for twenty minutes, while atmospheric air was rigidly excluded. I have so breathed it many times myself, and without the slightest loss of consciousness, and what is more, without change of complexion, sense of suffocation, or any inconvenience whatever. The results were the same with the others who did so, except that there was more or less complete loss of consciousness. One time I breathed it exactly an hour, taking just eleven breaths of air during the experiment, and was sufficiently conscious and self-possessed to thrust a pro-

ected steel instrument into my thigh once a minute, as was corroborated by counting the holes in the skin after the close of the experiment. During the greater part of the hour the respirations were from three to seven to the minute, while the pulse, frequently counted, was not found below sixty-seven nor above seventy-two. At no time during the hour was there any darkening of the complexion or sense of suffocation. The after effects will be omitted here for want of time and space. The experiment is not a prudent one.

Aneurism of the Coronary Artery of the Stomach.

In the transactions of the Ulster Medical Society, published in the Dublin *Quarterly Journal of Medical Science*, for May, 1867, p. 409, it is stated that Dr. CUMING exhibited the stomach, spleen, and portion of the peritoneum of a patient who had been operated on for strangulated hernia by his colleague, Dr. William MacCormac. The patient, a female, aged sixty, was almost moribund on admission into hospital, and died soon after the operation. She had complained of severe pain in the epigastrium for some days before death. When making the post mortem, Dr. MacCormac had found a dark mass above the lesser curvature of the stomach between the layers of the peritoneum. On examining the specimen which had been placed in his hands, Dr. Cuming found that the mass consisted of coagulated blood, which had been furnished by the rupture of a small aneurism, situated on a large branch of the coronary artery of the stomach proceeding toward the cardiac end of that viscus.

The blood, which was about three or four ounces in amount, was contained between the folds of the lesser omentum.

Physical Examination of the Stomach.

In the Report on Practical Medicine in the Dublin *Quarterly Journal*, for May, 1869, p. 424, it is stated that Dr. Fenwick recommends the employment of auscultatory percussion for the purpose of defining the extent and position of the stomach. The mode of employing this method of investigation is as follows: The cup-shaped end of a Camman's stethoscope is applied to the epigastrium at a point where gas has been previously ascertained by percussion to exist. With the finger, a point close to where the stethoscope is placed, is smartly struck. A distinct shock is felt in the ear applied to the stethoscope till a point is reached at which the shock is no longer transmitted in this direct manner. This marks that the boundary of the stomach has been reached in this direction. By percussing the patient when lying on one side, and afterwards when on the other side, and on the back, the gas may be made to distend each part of the stomach in turn, and an outline of the organ can be mapped out.

The principle on which the method depends is that the direct transmission of the shock to the ear ceases when the blow is made beyond the organ over which the stethoscope is applied. This principle had been previously applied to the examination of the heart by Drs. Camman and Clark.

Reviews and Book Notices.

Electricity in its Relations to Practical Medicine. By DR. MORITZ MEYER; Translated from the Third German Edition, with Notes and Additions, by William A. Hammond, M. D., etc. New York: D. Appleton & Co., 1869. 1 vol. 8 vo. cloth, pp. 497.

Dr. MEYER has made electricity a subject of especial study for a long series of years, and in this volume sums up the results of his experience. He is a careful clinical observer, and intimately acquainted with the medical applications of the various forms of the electrical current. Hence his work is superior in many respects to any now in the market, and deserves the encomium which the translator gives it—that of being "the best in the market."

After a short introduction descriptive of the different forms of electricity, he considers the action of the currents on the organs and tissues of the body, the different apparatus used, the importance of electricity in the diagnosis and prognosis of paralytic affections, and its use as a curative agent in medicine, midwifery and surgery. The translator, who has done his work with that thoroughness which characterizes whatever comes from his pen, has added some valuable notes on the treatment of Infantile paralysis, which add to the value of the book.

Ophthalmic Surgery and Treatment, with Advice on the Use and Abuse of Spectacles. By JOHN PHILLIPS, Optician and Oculist. Chicago: Western News Co., 1869. 1 vol. cloth, 8 vo., pp. 510.

There has been a vast amount of writing on ophthalmology of late years, and few works of sterling value among them all. One copies from another, or relates cases, or advances theories more or less crude. Mr. Phillips' work, while meritorious in some respects, is not of any especial value for original matter. It is, however, a good compilation for the practising physician. The style might be less obscure in parts, and the paper and engravings are not creditable to the publishers, or whoever had charge of this department. While we say this much, we cheerfully recognize a number of useful hints for treatment scattered through the pages.

— In France, butcher's meat is often preserved in hot weather for eight or ten days, by placing it in large earthen pans, putting heavy stones upon it, and covering it with skimmed milk. The milk as it becomes sour is to be removed and replaced by fresh; but of course can be used as food for pigs.

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SEPTEMBER 18, 1869.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be *practical, brief as possible to do justice to the subject, and carefully prepared, so as to require little revision.*

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

TO SUBSCRIBERS.

The 21st volume of the **MEDICAL AND SURGICAL REPORTER** began on July 3d. A large number of subscriptions are due from that date, and we look to a prompt response to the bills already sent out and being sent.—*Our bills always call for PAYMENT IN ADVANCE.*

We can still supply a few *complete sets or volumes* from the commencement, bound or unbound. *They should be applied for soon, as they will soon be exhausted.*

THE HIGHEST BRANCH OF MEDICINE.

It is a curious reflection that, in theory, the aim and objective point of the three learned professions is to do away with the necessity of their existence. The priest or preacher seeks to reform the world, to make it so righteous that there will be no further need of admonition and exhortation; the lawyer is constantly striving to make crime so unpleasant, and to popularize justice so thoroughly, that the statute book and the jail will no longer be required; the physician recognizes the prevention of disease as the highest purpose of his calling. If he could succeed, there would be little or nothing left for him to do; for prevention would ask little beyond individual knowledge.

Such being the most elevated object of medical science, it is worth inquiry how best it may be attained. Year by year the belief in specifics, or in any doctrine of signatures, has been diminishing, until now we may con-

sider it extinct. We trust in the natural powers more, in the individual capacity more, less and less in foreign impulses communicated to the system. This is true in prophylaxis as well as treatment. Thorough, careful, systematic hygienic remedies are better than any drug or preventive agent.

It is one of the best signs of the times that the care of the body in health has been attracting the attention of medical men of late years, as much as the care of it in disease. Personal hygiene should occupy quite as prominent a place in medical discussions as public hygiene. For every valid effort in this as in political life, must start from the individual.

We should, therefore, as a body, encourage the dissemination of correct views on anatomy and physiology; we should strive to introduce such studies into schools, and we should give more attention to the education of adults in these matters. Domestic medicine is not our admiration. Everybody his own doctor is a calamitous proposition. Certain simple and harmless remedies it were well to have known widely, and procedures in cases of sudden accident. Beyond this the public need not be instructed.

But they should know as much as they will learn about the structure of the body, and how to preserve it in the very best condition.

Another Visit from Sir Henry Holland.

Sir Henry Holland, Bart., the distinguished English physician, arrived in New York on the 3d inst. in the steamer *Rhine*, accompanied by his son, the Rev. Mr. Holland. Sir Henry has long held a leading position in the profession in London, and is well known to the profession everywhere as an author. He was physician to Queen Caroline, the unfortunate wife of George IV, and was one of the most prominent witnesses on her trial in 1820. In 1834 he married a daughter of Rev. Sidney Smith. He was somewhat noted as a traveler in his younger days, his narratives of travel in Albania, Thessaly and Greece, being frequently referred to by Lord Byron, and now, at the age of 81, he intends making an extended tour through the Western and Northwestern portion of our continent, in which he will be accompanied by his son and Hon. William M. Evarts. At present Sir Henry and Mr. Holland are the guests of Mr. Thurlow Weed. On their arrival here cable telegrams afflicted the Rev. Mr. H. with the intelligence that his son, 9 years of age, was accidentally drowned the day after he left Southampton.

Sir Henry seems to be quite partial to our country. It is but a few years since he made us quite a long visit.

Notes and Comments.

"No Medical Men Came Forward."

An associated press dispatch—about the most reliable institution that exists now-a-days, the legitimate successor of the erstwhile "intelligent and reliable contraband"—makes the charge that when medical men were called on at the recent Avondale mine disaster, in the northern part of this State, for a certain service, "no medical men came forward." Medical men are not generally found wanting when life is to be risked in attempts to save life, and we do not believe they were in this case. Will some of our readers in that section tell us how it was?

A Survivor of Perry's Victory on Lake Erie.

Dr. W. T. TALIAFERRO, of Cincinnati, a regular reader of and occasional contributor to the pages of the REPORTER, is one of the three survivors of Perry's victory on Lake Erie. Can he not give us some reminiscences of that memorable fight that would be of interest to our readers?

Dr. USHER PARSONS, of Rhode Island, who died last year, was also one of the heroes of that fight.

A Plea for Therapeutic Observation.

We would commend the following remark appended to an article by Dr. ALFRED E. WILMOT, on the Treatment of Diabetes, published in the London *Medical Times and Gazette*, as worthy the notice of our readers :

In these days, when the study of the action of medicines is partly disregarded in the engrossing search for physiological and pathological lore, it behoves us as therapeutists not to allow all our energies to be absorbed by one department of science, however alluring, but reserve some for the more practical though less interesting pursuit of the discovery and application of remedies for disease.

Malaria in the Tide-water Section of Virginia.

Dr. JAMES B. MCCAW recently submitted to the Richmond Academy of Medicine an interesting report on malaria in the tide-water section of Virginia. He holds that all experience has shown that malaria disappears before an improved and careful system of culture and an increasing and industrious population. The drainage of the land, the rotation of crops and the clearing away of a redundant vegetation invariably drive it into the low, swampy districts which are incapable of tillage or improvement.

Health of Napoleon III.

The health of the Emperor Napoleon III. would appear to be in a more critical condition than has been heretofore announced to the public. According to the rumors on the Bourse, at Paris, the Emperor has been lying at the point of death, and

whether this account be true or not, it is certain that his physicians have paid him professional visits several times a day. The London *Times*, usually better informed on all subjects affecting the money market than any other foreign journal, evidently believes that Louis Napoleon is in a dangerous state. To add confirmation to these rumors, the Atlantic Cable announces that the Empress Eugenie, who had just commenced an extended tour to Constantinople and Jerusalem, is on her return to France, and is expected to arrive at Paris between September 3d and 9th.

Correspondence.

DOMESTIC.

Turpentine in the Treatment of Tape Worm. EDS. MED. AND SURG. REPORTER:

I wish to add my testimony in favor of the use of the oil of turpentine in the treatment of *taenia solium*.

Your *Half-Yearly Compendium of Medical Science* contains an article taken from the *Pacific Medical and Surgical Journal*, contributed by Dr. D. B. HOFFMAN, exhibiting the beneficial effects of pumpkin seeds in the cure of tape worm. The case reported was in brief as follows: Male, 35 years of age, "troubled nine years with *taenia solium*, which had stubbornly resisted all treatment." Opiate given and fasting enjoined "for 24 hours and then to take the following prescription:

R. Pepo. sem. pulv.	3 ij.
Sacchari alb.	5 ij.
Aqua dest.	$\frac{5}{3}$ v. M.
Fiat emulsio.	

Sig.—Take in four equal doses at intervals of 15 minutes—the bottle well shaken each time.

R. Olei ricini	
“ terebinth.,	aa. $\frac{1}{3}$ j.
Muc. acacie,	q. s. M.
Fiat Mist.	

As soon as the last prescription operated the *taenia* came away entire—head and all.

Having a little experience myself in the use of the pumpkin seeds in such cases and not being favorably impressed, I have thought that Dr. H. was not praising "the horse that carried him safely over" in attributing his success to the pumpkin seeds rather than to the turpentine.

In 1860 I was called to treat a lad—Francis C., aged 16 years. He was greatly emaciated; eyes very large and protruding; abdomen somewhat distended; appetite variable, at times none, and at other times insatiable; and was troubled almost constantly with palpitation of the heart. He had been treated for heart disease and for pulmonary disease, and his life was despaired of.

At this stage I was consulted and was led to sus-

pect tenia solium. Gave strict directions to have the evacuations watched; in a few days I was informed that he was passing portions of the worm. Being so feeble and emaciated, I was almost afraid to give him the large doses of turpentine recommended by Dr. Watson. Wishing to test the anthelmintic virtues of some other remedies I put him first upon the use of the *Pomegranate Root*. Made a strong decoction and had him drink it very freely for several days, followed by castor oil. No good results.

I then tried most faithfully and persistently the pumpkin seeds not giving him drachms but ounces of it and continuing the treatment for almost a week, with no better success.

Gave him, though with some misgivings, in about ten days after suspending the last treatment.

R. Olei terebinth.,
" ricini aa. fʒ j.

M. Take at one dose in the morning fasting.

In a few hours the worm was passed and the patient made a rapid recovery and subsequently went into the army.

CASE II. A soldier—don't recollect name, company, or regiment. He was brought into Seminary Hospital. Had been treated unsuccessfully for tapeworm; as there was no question regarding the diagnosis. The patient for months before entering the Seminary Hospital, and while in the hospital, passed daily, until cured, segments of the worm.

Having fully satisfied myself of the nature of the case by a personal inspection of the stools, at the recommendation of Surgeon Jos. R. Smith, then in charge of the hospital, he was treated with enemata, containing in solution thirty or forty grains of quinine. He was not benefitted by the treatment. The following prescription was then ordered him:

R. Olei terebinth.,
Olei ricini, aa. fʒ ij.
Spts. lavendulae comp. fʒ ij. M.

Given in the morning at one dose, fasting.

In just about two hours after taking the dose the worm was expelled, dead. In a couple of weeks the patient was returned to duty, having rapidly gained in flesh and strength. I sent the specimen over to Surgeon J. J. Woodward, and I suppose it is now in the Army Medical Museum.

CASE III. May, 1865. David A'hern, Irishman, called on me and wanted to know if anything could be done to cure him of tapeworm. He had just arrived in this country, but a short time before, having been discharged from the British army in India, where he contracted the monster. He said he had been treated by English army surgeons, and had been in hospital in New York, but all had failed to relieve him, and he expressed himself as sceptical in reference to the power of medicines to reach his case.

He brought me some of the segments, he alleged, he was passing at every stool, and I ordered him the

next day to take, fasting, the combination given last. It was at 6 a. m. when he took the draught, and at 8 a. m.—two hours after—I was summoned in haste to see him.

He was lying across the bed, his clothing saturated with sweat, and with considerable effort he pointed to a vessel under the bed. On looking, I found it nearly half filled with the worm, which was dead, and had come away entire. The Irish generally are a grateful people—at least they are very earnest in their *expressions* of gratitude, and the thanks he expressed as well as wonder, that he should have to come to Iowa to get rid of his unpleasant travelling companion, were highly complimentary, if not well merited. He soon got well.

In all these cases the turpentine caused considerable muscular relaxation—profuse diaphoresis and more or less delirium. A few hours, however, generally sufficed for them to recover from all unpleasant symptoms. I have never used the male fern, kousso, or santonine; believing that the turpentine will do the work quickly, safely and effectually. The combination given in the foregoing prescription is not nearly so nauseous as one might suppose. I believe the addition of the lavender is an advantage by way of relieving the unpleasantness of the dose and enabling the stomach the better to bear it. The first case treated said the pumpkin seeds, ground, were to him ten-fold more nauseous than the turpentine mixture, even without the lavender.

Having such uniform and prompt success in the preceding cases with the turpentine, and having failed with the pumpkin seeds, as related in the first case, I am inclined to think that fʒ of the oil of turpentine is more effectual, as an anthelmintic, than ʒx of pumpkin seeds would be. Does the experience of the readers of the *REPORTER* corroborate this opinion? I lay no claims, whatever, to novelty in this treatment. Dr. Fenwick, of England, in 1811 first called attention to the anthelmintic properties of turpentine. The discovery of its efficacy, as well as safety, in the treatment of tenia, when given in large doses, was made accidentally as many scientific discoveries are.

A sailor, with tapeworm, found that large fragments of the worm were passed whenever he drank large quantities of raw gin. "Thinking that a stronger spirit might have a stronger effect upon his internal enemy, he tried a glass of turpentine, which completely cured him."

JOSIAH F. KENNEDY, M. D.
Tipton, Iowa, Aug. 28, 1869.

Chloroform in Chill.

EDS. MED. AND SURG. REPORTR:

Mr. J.—, residing in the great alluvial district of Mississippi, had suffered with chill and fever, except as relieved by the use of quinine, for years. Some time spent in traveling during the present summer,

September 18, 1869.]

Correspondence.

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afforded him no relief, and he came to the Galt House, in July, with the disease unabated.

My attention was called to him in the great saloon of the hotel, as a chill was coming on. He was shaking quite severely, when I led him to one of the drinking fountains of the house, and gave him, in a little water, about two drachms of chloroform, all of which he swallowed. I then hurried him to the elevator and took him to his room in the fourth story, when he threw himself upon his bed and immediately fell asleep, without any sign of the chill remaining. After about four hours of sound and quiet sleep, he awoke without fever, and has since been quite well, without having taken quinine or other remedy.

In my practice, this is not an uncommon case; but some notoriety having been given to it, I report it thus briefly, in the hope of calling increased attention to the subject. The discovery of the power of chloroform, given internally in hypnotic doses over congestion and chill, opens a new era in therapeutics, and gives hope of important results, not only in the treatment of fever, but all diseases dependant upon congestion, and upon central and spinal irritation.

Louisville, Ky.

A. P. MERRILL, M. D.

Obstinate Constipation.

EDITORS MED. AND SURG. REPORTERS:

Case.—David M., aged 23, of good constitution and habit, has obstinate constipation. When I first saw him, July 11th, he had been treated by other physicians for about three weeks; had taken largely of cholagogue and drastic purgatives, such as oil. tigii. podophyllin, etc., without effect. I found extreme tympanitic condition of abdomen, difficulty of breathing, and suffering intense. I gave small anodynes to quiet irritation caused by cathartics, and immediately began injections, introducing a flexible tube as far up the colon as possible, until I succeeded in reaching up a distance of three feet, the whole length of my tube. I continued this treatment, with occasional mild laxatives for 17 days, at which time he had large evacuations through the tube introduced, and has continued to have those evacuations every day or two, in this way, up to this time, Aug. 14th. Patient has frequent desire to get up and ease himself, but he accomplishes nothing in the natural way. The colon does not seem to have power to expel its contents,—not even the enemas which are given. I have given strichnia, and all other remedies which I know of to excite action, but they all seem ineffective. I give mild laxatives to keep the contents of bowels in soluble condition; cannot discover any pelvic tumor or lumbar abscess; no symptoms of either; pulse has remained throughout at 76 to 80; has had no fever; appetite has been pretty good since evacuations have

been established; does not suffer much pain, except when he takes physic, and then it is located in the umbilical region. The whole period in which patient did not have evacuations was thirty-five days, as nearly as I can ascertain. Can you advise any means by which the colon may be excited to action other than what has been employed? Will I continue the enemas, and will I continue the introduction of the flexible tube to evacuate contents of intestine?

H. M. BEER, M. D.

Valparaiso, Ind., Aug. 14, 1869.

The Cramp in Parturition.

EDS. MED. AND SURG. REPORTER:

On the 11th ult. I was called to see Mrs. S., who was in labor with her sixth child. Mrs. S. is a woman of good constitution, and always did well in her confinements. In this instance, her labor commenced about 6 o'clock, p. m., progressing rather slowly until 3 o'clock, a. m., when her pains became more rapid and effectual, when suddenly she cried out, "Oh! the cramp! the cramp!" The uterine pain ceased suddenly, and she suffered intensely with cramp for a few minutes, when she gradually became easier and was quite relieved. But the next pain was accompanied with increased suffering, the bearing-down effort of the uterus was entirely interrupted. It seemed as if a few more such paroxysms of suffering might be too much for her to bear. Not having any chloroform with me, I put her under the influence of ether, which prevented the cramp to such an extent as not to interfere materially with the pains, and by 5 o'clock she was delivered of a healthy boy weighing eleven and a half pounds.

Meigs advises the forceps under such circumstances, but I think in this case, at least, anaesthesia answered better than delivery with forceps could have done.

I stayed with Mrs. S. two hours, and when I was about to start home, I was invited into an adjoining room to breakfast. But before we were through, Mrs. S. was seized with profuse flooding, which was relieved by the application of cloths rung out of cold water, and ergot, to cause a more permanent contraction of the uterus.

Tuscarareas, O.

E. A. OPPelt.

Errata.

In Dr. Holston's article, p. 193, line 21, after the period add:—"The second, Miss Sarah Dollman, of Zanesville, unsuccessful."

Last week's number contained more *Buller* than was legitimate! On p. 222, second line from bottom of last column read Dr. M. S. BUTTLES.

—Miss Garret has passed the second examination for M. D., at the University of Paris.

